

.(English Version)



FORM NO-7/8

ISSUE NO : 492/2021



GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
GODIBANDHA CHC

CERTIFICATE OF BIRTH

Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rules of Odisha
Births and Deaths, Rule 2001

This is to certify that following information has been taken from the original records of birth which is in the register for **GODIBANDHA CHC** of Tahasil **TALCHER** of District **ANGUL** of State **ODISHA**

Date of Birth..... **06/12/2016**

Permanent Address..... **KANDHAL, TALCHER, ANGUL,**

Sex..... **FEMALE**

ODISHA, INDIA

Name..... **DEBANSHI NAIK**

Name of Father..... **BABULA NAIK**

Place of Birth..... **SIDHARTH HOSPITAL , GODIBANDHA**

Name of Mother..... **LILI NAIK**

, ANGUL

Date Of Registration..... **21/12/2016**

Registration No..... **3094/2016**



Signature valid

Digitally signed by
SATYAPRIYA SAMBIT
Date: 2021.07.03 10:48:26
IST
Reason: Birth Certificate
Location: GODIBANDHA

DR SATYAPRIYA SAMBIT

Issuing Authority

Registrar, Births & Deaths
GODIBANDHA CHC

Date :06/07/2021

Note: It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature. This certificate is issued as per section 4,5&6 of Information Technology Act 2000 and its subsequent amendments in 2008. For any query or verification, please visit <https://www.birtheath.odisha.gov.in> Tampering of this certificate will attract penal action.